

Infection Control Assessment and Response (ICAR) Tool for General Infection Prevention and Control (IPC) Across Settings

Section 1: Facility Demographics and Infection Prevention and Control (IPC) Infrastructure Outpatient/Ambulatory Care

General Facility Demographics and IPC Infrastructure

Date of Assessment: _____

Facility Name: _____

State/Territory: _____ County: _____

Zip Code: _____ State/Territory-assigned Unique ID (if applicable): _____

Facility type (Complete the demographic form that corresponds to the type of facility):

- ☐ Acute Care Hospital / Critical Access Hospital
☐ Long-term Care
☐ Outpatient/Ambulatory Care
☐ Other (specify): _____

NHSN Facility Organization ID (if applicable): _____

CMS Facility ID (if applicable): _____

Facility Respondent Name(s) and Job Title(s):

Rationale for assessment:

- ☐ Requested by facility
☐ Requested by accrediting agency/ licensing organization
☐ Requested by state or local health department
☐ HAI prevention focused:
☐ CAUTI
☐ CLABSI
☐ SSI
☐ CDI
☐ Other (specify): _____

☐ Prevention collaborative (specify partners): _____

☐ Outbreak (specify): _____

☐ Other (specify): _____

Obtain a list of products used for cleaning and disinfection of environmental surfaces and non-critical patient/resident care equipment in the facility

EPA registration number(s) for products used in patient/resident rooms:

EPA registration number(s) for products used in common areas:

EPA registration number(s) for products used on non-critical patient/resident care equipment (e.g., blood glucose meters):



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1. Does the facility have access to **onsite** IPC expertise?

- ☐ Yes
☐ No
☐ Unknown
☐ Not Assessed

If YES, specify:

Healthcare epidemiologist (number of full-time equivalents **dedicated** to IPC activities):

Infection preventionist (number of full-time equivalents **dedicated** to IPC activities):

Other (specify, including number of full-time equivalents **dedicated** to IPC activities):

Note: This is intended to identify individuals who work onsite at the facility or provide IP oversight at satellite locations (e.g., hospital IP provides IP oversight to affiliated outpatient clinics) and what proportion of their time is dedicated to IPC activities. Example: The facility has two IPs. IP #1 spends 25% of their time on IPC activities and the rest of their time on direct patient care and IP #2 spends 75% of their time on IPC activities and the rest of the time on direct patient care. This would be recorded as IP: 1 FTE dedicated to IPC activities. This breakdown could be further described in the notes.

2. Does the facility have access to **offsite** IPC expertise?

- ☐ Yes
☐ No
☐ Unknown
☐ Not Assessed

If YES, specify:

Healthcare epidemiologist (number of full-time equivalents dedicated to IPC activities **at the facility**):

Infection preventionist (number of full-time equivalents dedicated to IPC activities **at the facility**):

Other (specify, including number of full-time equivalents dedicated to IPC activities **at the facility**):

Note: This is intended to identify individuals who do not work primarily onsite at the facility but might provide IPC support on a contractual or part-time basis. If a full-time equivalent cannot be determined, the level of support should be described in the notes.

3. Does the person(s) charged with directing the IPC program at the facility hold a nationally recognized credential in infection control (e.g., a-IPC, CIC, LTC-CIP, BCIDP)?

- ☐ Yes
☐ No
☐ Unknown
☐ Not Assessed

Lack of certification does not mean that an individual is not qualified to direct the IPC program. **Describe their qualification(s) (e.g., other certifications, specialized training):**

4. What additional duties are performed by personnel within the IPC program? *(select all that apply)*

- ☐ Occupational Health
- ☐ Education of personnel
- ☐ Safety officer
- ☐ Administrative (e.g., Director of Nursing)
- ☐ None
- ☐ Not assessed
- ☐ Other *(specify)*: _____

5. What does the director of the IPC program believe are the current strengths and weaknesses in the IPC program?

6. Does the IPC program have access to electronic medical records of patients/residents?

- ☐ Yes
- ☐ No
- ☐ Unknown
- ☐ Not Assessed

7. Does the IPC program utilize data mining/reporting software?

- ☐ Yes
- ☐ No
- ☐ Unknown
- ☐ Not Assessed

8. Does the IPC program perform an annual facility infection risk assessment that evaluates and prioritizes potential risks for infections, contamination, and exposures and the program's preparedness to eliminate or mitigate such risks?

- ☐ Yes
- ☐ No
- ☐ Unknown
- ☐ Not Assessed

9. Are written infection control policies and procedures available, current, and based on evidence-based guidelines (e.g., CDC/HICPAC), regulations, or standards?

- ☐ Yes
- ☐ No
- ☐ Unknown
- ☐ Not Assessed

9a. How frequently are policies and procedures reviewed and updated? *(select all that apply)*

- ☐ Annually
- ☐ Every three years
- ☐ As needed when new guidelines or evidence is published (e.g., via subscription with a publisher)
- ☐ Unknown
- ☐ Not assessed
- ☐ Other *(specify)*: _____

Note: Facilities should have a schedule to regularly review policies and procedures to ensure they are current. At a minimum, updates should be made when new evidence-based guidance is published and if the scope of care delivered changes (e.g., new equipment is introduced or new procedures are performed).

10. Does the IPC program provide infection prevention education to patients, family members, and other caregivers?

- ☐ Yes
- ☐ No
- ☐ Unknown
- ☐ Not Assessed

If YES:

10a. What topics are covered? *(specify)*

10b. How is this education provided (e.g., information included in the admission or discharge packet, videos, signage, in-person training)? *(specify)*

11. Does the facility have an interdisciplinary infection control committee to address issues identified by the IPC program?

- ☐ Yes
- ☐ No
- ☐ Unknown
- ☐ Not Assessed

Note: Issues identified by the IPC program often impact multiple areas of the facility. An interdisciplinary committee, including facility leadership (e.g., ownership, chief medical officer, director of nursing), is needed to allocate resources and successfully implement long-term solutions.

If YES, specify:

11a. Who is part of the infection control committee? *(select all that apply)*

- ☐ Chief Medical Officer
- ☐ Director of Nursing
- ☐ Environmental Services
- ☐ Unknown
- ☐ Not Assessed
- ☐ Other *(specify)*: _____

11b. How often does the infection control committee meet?

- ☐ Monthly
- ☐ Quarterly
- ☐ Unknown
- ☐ Not Assessed
- ☐ Other *(specify)*: _____

Notes

Facility Demographics: Outpatient/Ambulatory Care

1. Is the facility licensed by the state?
☐ Yes
☐ No
2. Is the facility certified by the Centers for Medicare & Medicaid Services (CMS)?
☐ Yes, as an Ambulatory Surgical Center
☐ Yes, as a Federally Qualified Health Center
☐ Yes, as another provider type (*specify*): _____
☐ No
3. Is the facility accredited?
☐ Yes
☐ No

If YES, specify:

- 3a.** The accreditation organization:
- ☐ Accreditation Association for Ambulatory Health Care (AAAHC)
 - ☐ American Association for Accreditation of Ambulatory Surgery Facilities (AAAASF)
 - ☐ American Osteopathic Association (AOA)
 - ☐ The Joint Commission (TJC)
 - ☐ Other (*specify*): _____

- 3b.** Date of last survey (month/year): _____

4. Is the facility part of a hospital system?
- ☐ Yes
- ☐ No

5. Which procedures are performed by the facility? (select all that apply)

- ☐ Chemotherapy
☐ Dermatology
☐ Endoscopy
☐ Imaging
☐ Immunizations
☐ OB/Gyn
☐ Ophthalmologic
☐ Orthopedic
☐ Pain remediation
☐ Plastic/reconstructive
☐ Podiatry
☐ Surgery (general)
☐ Urology
☐ Other (specify): _____

6. How many physicians work at the facility? _____

7. What is the average number of patients seen per day? _____

Notes